

# CERTIFICATE OF VISUAL EXAMINATION

UTAH DRIVER LICENSE DIVISION

**TOP PORTION TO BE COMPLETED AND  
SIGNED BY APPLICANT**

PO BOX 144501  
SLC UT 84114-4501  
PHONE NUMBER (801) 957-8690  
**FAX NUMBER (801) 957-8698**

Last Name First Name Middle or Maiden Name Date of Birth Driver License or Driving Privilege Card Number

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division. I understand that if I fail to sign this authorization my driving privilege may be affected. I understand that this information will be classified as a private record in accordance with GRAMA (UCA 63G-2-202). Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unemancipated minor or legally incapacitated individual, an individual with power of Attorney or a notarized release signed by the subject of the record, or an individual with a court or legislative subpoena.

**Applicant's Signature:**

**Date**

**\* Form will not be processed without signature\***

**LOWER PORTION TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

**Please circle appropriate Safety Assessment Level below:**

Safety Assessment Level	Central Visual Acuity	Peripheral Visual Fields
<b>1</b>	20/40 or better in <u>each</u> eye AND ⇔	<b>Monocular</b> – 120° in each eye, <u>OR</u> <b>Binocular</b> - 70° to the right and to the left in the horizontal meridian
<b>2</b>	20/40 or better in better eye AND ⇔	<b>Monocular</b> - 120° in each eye, <u>OR</u> <b>Binocular</b> - 60° to the right and left in the horizontal meridian
<b>3</b>	20/40 or better in better eye AND ⇔	<b>Binocular</b> – 120° total, 60° to both the right and left. Sighted in only one eye.
<b>4</b>	20/40 or better in better eye AND ⇔	<b>Binocular</b> - at least 90° total with at least 45° to both the right and left
<b>5</b>	20/50 to 20/70 in better eye AND ⇔	<b>Binocular</b> - at least 90° total, with at least 45° to both the right and left
<b>6</b>	20/80 to 20/100 in better eye AND ⇔	<b>Binocular</b> - at least 60° total with at least 30° to the right and left
<b>7</b>	At least 20/100 in better eye AND ⇔	<b>Binocular</b> - at least 60° total with at least 30° to the right and left
<b>8</b>	20/40 or better in better eye AND ⇔	<b>Binocular</b> - at least 60° total, with at least 30° to the left. (Includes <u>right</u> homonymous hemianopsia)
<b>9</b>	20/40 or better in better eye AND ⇔	<b>Binocular</b> - at least 60° total, with at least 30° to the right. (Includes <u>left</u> homonymous hemianopsia)
<b>10</b>	Worse than 20/100 in the better eye <u>OR</u> ⇔	<b>Binocular</b> <u>OR</u> if sighted in only one eye - less than 60°

Non-standard review time frame \_\_\_\_\_

**Recommended Restrictions:** ☐ Speed-posted 40 mph or less ☐ Area ☐ Daylight Only

☐ I recommend this driver complete a driving skills test in an appropriate vehicle. (Drive test not available for level 10)

**Date of Examination:** \_\_\_\_\_ (must be submitted to Driver License Division within 6 months of exam date)

**Safety Assessment Level Determined:** With Correction ☐ Without Correction ☐

**Printed Name of Health Care Professional Signature and Degree State License Number**

Street Address City State Zip Code Telephone Fax Number

For more information regarding the medical program or to view current medical guidelines, please visit: